

MORGAN COUNTY BOARD OF ZONING APPEALS
180 S. MAIN ST., SUITE 204
MARTINSVILLE, IN 46151

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DOCKET # A - -

APPLICANT	LANDOWNER
Name	Name
Address	Address
City	City
State, Zip	State, Zip
Telephone #	Telephone #

SITE INFORMATION	
Premises affected address	
Name of Subdivision	Lot no.
Legal Description & Lot Size	
Parcel I.D. No.	
Nature and size of structures now existing on property	

NATURE OF APPEAL

State the reason for your appeal: _____

The above information, to my knowledge and belief, is true and correct.

State of Indiana, County of Morgan, ss:

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public

My Commission expires _____ 20_____

**A FEE OF TWO HUNDRED DOLLARS (\$200.00) TO BE PAID TO THE MORGAN COUNTY PLAN COMMISSION
MUST ACCOMPANY THIS APPLICATION**